

STATEMENT OF UNDERSTANDING - EXCESS/OVERGRADE CONDITION

The proponent agency is ANG/DPR. The prescribing directive is ANGI 36-2101.

As applicable, this form must be completed and submitted with an AF 2096.

PRIVACY ACT STATEMENT

1. **AUTHORITY:** 32 USC Section 502(d)(1), and Executive Order 9397.
2. **PURPOSE:** Used to document the placement of an Air National Guard member into an excess or overgrade condition. This form will be placed in the member's personnel record.
3. **ROUTINE USES:** None.
4. **DISCLOSURE:** Voluntary; However, failure to provide your social security number may result in delayed notification of the assignment process.

A. INDIVIDUAL IDENTIFICATION

NAME:	SSN:	GRADE:	UNIT:
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B. EXCESS/OVERGRADE ASSIGNMENT INFORMATION

DAFSC:	POSITION NO. :	UMD GRADE:
EXCESS CODE:	EFFECTIVE DATE: (Must agree with AF 2096)	EXPIRATION DATE:
OVERGRADE CODE:	EFFECTIVE DATE: (Must agree with AF 2096)	EXPIRATION DATE:

C. APPLICABLE RULE IAW ANGI 36-2101

(FOR ASSIGNMENTS WITHIN THE AIR NATIONAL GUARD, PLEASE INSERT APPLICABLE RULE IAW ANGI 36-2101 TO REFLECT THE ASSIGNMENT CONDITION BELOW.)

EXCESS CODE, OFFICER AND ENLISTED, TABLE 4.1, RULE:

OVERGRADE CODE, OFFICER AND ENLISTED, TABLE 4.2, RULE:

D. MANDATORY STATEMENT OF UNDERSTANDING

MEMBER MUST INITIAL APPLICABLE CONDITION CODE BLOCK BELOW:

EXCESS CONDITION☐

"I understand that prior to my expiration date of the EXCESS condition, my unit and I share the responsibility to locate and place me in a valid position (within the AFSC for which I am currently qualified) as the sole incumbent. If a valid vacant position is not available by my expiration date, I further understand that: 1) I must be reassigned for retraining purposes to another vacant position or, 2) My unit commander may request an extension to my expiration date, or 3) I will be involuntarily separated from the Air National Guard."

OVERGRADE CONDITION☐

"I understand that prior to my expiration date of the OVERGRADE condition, my unit and I share the responsibility to locate and place me in a vacant position (within the AFSC for which I am currently qualified) which is commensurate with my grade. If a valid position is not available by my expiration date, I further understand that: 1) I must be reassigned for retraining purposes to another vacant position commensurate with my grade or , 2) My unit commander may request an extension to my expiration date, or 3) I will be administratively demoted to the authorized grade of my current position or, 4) I will be involuntarily separated from the Air National Guard."

E. CERTIFICATION

I certify, that I was briefed concerning my newly assigned Condition Code (Excess and/or Overgrade Code) and was counseled by my unit commander concerning the significance of this code, its expiration date and, as a consequence, the impact it can potentially have on my Air National Guard career.

SIGNATURE OF MEMBER:	DATE:
SIGNATURE OF UNIT COMMANDER:	DATE:
SIGNATURE OF MPF REPRESENTATIVE:	DATE OF MILPDS UPDATE:

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